FOR OHF USE

LL1

2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0035998

Facility Name: Mount Vernon Countryside Manor

Address: 606 New Fairfield Road (Number) Mount Vernon (City) 62864 (Zip Code)

County: Jefferson

Telephone Number: (618) 242-1800 **Fax #** (618) 242-1878

IDPA ID Number: 37-1239928-1

Date of Initial License for Current Owners: 5/9/1990

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[X]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller **Telephone Number:** (618) 465-7717

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) Compilation Report Attached (Date)

(Print Name and Title) Cindy A. Tefteller, Partner

(Firm Name & Address) C.J. Schlosser & Company, L.L.C., 233 East Center Drive, Alton, IL 62002

(Telephone) (618) 465-7717 Fax # (618) 465-7710

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	33	Skilled (SNF)	33	12,045	1
2		Skilled Pediatric (SNF/PED)			2
3	68	Intermediate (ICF)	68	24,820	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	101	TOTALS	101	36,865	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	812	671	8,020	9,503	8
9	SNF/PED					9
10	ICF	16,722	6,524		23,246	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,534	7,195	8,020	32,749	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.83%

D. How many bed-hold days during this year were paid by the Department?
6 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/09/1990

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 32 and days of care provided 8,020

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2005 Fiscal Year: 12/31/2005

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	141,469	8,662	8,514	158,645		158,645		158,645			1
2	Food Purchase		134,103		134,103		134,103	(4,068)	130,035			2
3	Housekeeping	101,550	22,439		123,989		123,989		123,989			3
4	Laundry	73,198	14,260		87,458		87,458		87,458			4
5	Heat and Other Utilities			84,924	84,924		84,924	911	85,835			5
6	Maintenance	49,981	79,028	2,813	131,822		131,822	28,191	160,013			6
7	Other (specify):* Sanitation			5,312	5,312		5,312		5,312			7
8	**TOTAL General Services**	366,198	258,492	101,563	726,253		726,253	25,034	751,287			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	1,509,154	104,128	4,561	1,617,843		1,617,843		1,617,843			10
10a	Therapy			780,705	780,705		780,705		780,705			10a
11	Activities	30,070	3,059	2,144	35,273		35,273		35,273			11
12	Social Services	65,691			65,691		65,691		65,691			12
13	CNA Training		607		607	(177)	430		430			13
14	Program Transportation		14,092		14,092		14,092	(6,248)	7,844			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,604,915	121,886	793,410	2,520,211	(177)	2,520,034	(6,248)	2,513,786			16
	C. General Administration											
17	Administrative	56,412	13,720	190,000	260,132	(2,778)	257,354	(86,181)	171,173			17
18	Directors Fees											18
19	Professional Services			22,602	22,602		22,602	6,528	29,130			19
20	Dues, Fees, Subscriptions & Promotions			9,195	9,195	2,395	11,590	(4,717)	6,873			20
21	Clerical & General Office Expenses	22,592	20,512	21,641	64,745		64,745	29,395	94,140			21
22	Employee Benefits & Payroll Taxes			349,963	349,963	383	350,346	16,739	367,085			22
23	Inservice Training & Education					277	277		277			23
24	Travel and Seminar			745	745	(100)	645		645			24
25	Other Admin. Staff Transportation							2,582	2,582			25
26	Insurance-Prop.Liab.Malpractice			56,751	56,751		56,751	1,151	57,902			26
27	Other (specify):*											27
28	**TOTAL General Administration**	79,004	34,232	650,897	764,133	177	764,310	(34,503)	729,807			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,050,117	414,610	1,545,870	4,010,597		4,010,597	(15,717)	3,994,880			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Mount Vernon Countryside Manor #0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			141,491	141,491		141,491	8,520	150,011			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			96,790	96,790		96,790	757	97,547			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			244,281	244,281		244,281	3,277	247,558			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		292,468	59,202	351,670		351,670		351,670			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			55,298	55,298		55,298		55,298			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		292,468	114,500	406,968		406,968		406,968			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,050,117	707,078	1,904,651	4,661,846		4,661,846	(12,440)	4,649,406			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(927)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(1,117)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,024)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,280)	19		17
18	Fines and Penalties				18
19	Entertainment	(4,449)	17		19
20	Contributions	(1,350)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(3,483)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,822)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(4,305)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (29,757)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	17,317	Var.	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 17,317		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (12,440)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Mount Vernon Countryside Manor

ID# 0035998

Report Period Beginning: 1/1/2005

Ending: 12/31/2005

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Depr on items req'd to be capitalized for cost	$		1
2	reporting purposes	368	30	2
3	Record 2005 computer maint. fees pd in 2004	2,748	6	3
4	Eliminate civic dues	(100)	17	4
5	Offset insurance reimbursement	(6,248)	14	5
6	Offset auto insurance premium refund	(1,073)	26	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(4,305)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Mount Vernon Countryside Manor **#** 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,068)	0	0	0	0	0	0	0	0	0	0	(4,068)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	911	0	0	0	0	0	0	0	0	0	911	5
6	Maintenance	2,748	25,443	0	0	0	0	0	0	0	0	0	28,191	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,320)	26,354	0	0	0	0	0	0	0	0	0	25,034	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(6,248)	0	0	0	0	0	0	0	0	0	0	(6,248)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(6,248)	0	0	0	0	0	0	0	0	0	0	(6,248)	16
	C. General Administration													
17	Administrative	(4,549)	(81,632)	0	0	0	0	0	0	0	0	0	(86,181)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,280)	7,808	0	0	0	0	0	0	0	0	0	6,528	19
20	Fees, Subscriptions & Promotions	(4,833)	116	0	0	0	0	0	0	0	0	0	(4,717)	20
21	Clerical & General Office Expenses	(10,822)	40,217	0	0	0	0	0	0	0	0	0	29,395	21
22	Employee Benefits & Payroll Taxes	0	16,739	0	0	0	0	0	0	0	0	0	16,739	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	2,582	0	0	0	0	0	0	0	0	0	2,582	25
26	Insurance-Prop.Liab.Malpractice	(1,073)	2,224	0	0	0	0	0	0	0	0	0	1,151	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(22,557)	(11,946)	0	0	0	0	0	0	0	0	0	(34,503)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(30,125)	14,408	0	0	0	0	0	0	0	0	0	(15,717)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Mount Vernon Countryside Manor** **#** **0035998** **Report Period Beginning:** **1/1/2005** **Ending:** **12/31/2005**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	368	8,152	0	0	0	0	0	0	0	0	0	8,520	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	757	0	0	0	0	0	0	0	0	0	757	33
34	Rent-Facility & Grounds	0	(6,000)	0	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	368	2,909	0	0	0	0	0	0	0	0	0	3,277	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(29,757)	17,317	0	0	0	0	0	0	0	0	0	(12,440)	45

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Jerry & Marilyn King	100.00	Aviston Countryside Manor, Inc.	Aviston	King Management	Nashville	Home Office
Jerry & Marilyn King	100.00	Taylorville Care Center, Inc.	Taylorville			
Jerry & Marilyn King	100.00	Golden Manor Nursing Home, Inc.	Nokomis			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	See Schedule VIII	$	King Management Co.	100.00%	$ 911	$ 911	1
2	V	6	See Schedule VIII		King Management Co.	100.00%	25,443	25,443	2
3	V	17	See Schedule VIII	190,000	King Management Co.	100.00%	108,368	(81,632)	3
4	V	19	See Schedule VIII		King Management Co.	100.00%	7,808	7,808	4
5	V	20	See Schedule VIII		King Management Co.	100.00%	116	116	5
6	V	21	See Schedule VIII		King Management Co.	100.00%	40,217	40,217	6
7	V	22	See Schedule VIII		King Management Co.	100.00%	16,739	16,739	7
8	V	25	See Schedule VIII		King Management Co.	100.00%	2,582	2,582	8
9	V	26	See Schedule VIII		King Management Co.	100.00%	2,224	2,224	9
10	V	30	See Schedule VIII		King Management Co.	100.00%	8,152	8,152	10
11	V	33	See Schedule VIII		King Management Co.	100.00%	757	757	11
12	V	34	Land Lease	6,000	Jerry King	100.00%		(6,000)	12
13	V								13
14	Total			$ 196,000			$ 213,317	$ * 17,317	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Jerry King	Owner	Mgmt/Consultant	100.00	83,749	16	27.33%	Salary	$ 31,502	17,8	1
2	Denise King	Regional Director	Administrative	0.00	197,066	16	27.33%	Salary	74,127	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	55,387	14	27.33%	Salary	20,834	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	192,523	0	0.00%	Salary	0	N/A	4
5	Elizabeth King	Dietary	Dietary	0.00	1,536	0	0.00%	Salary	0	N/A	5
6	Marilyn King	Owner	Mgmt/Consultant	100.00	2,907	1	27.33%	Salary	1,093	17,8	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 127,556		13

*** If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.**

**** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.**

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: King Management Company, Inc.
Street Address: 935 Mill Street
City / State / Zip Code: Nashville, IL 62263
Phone Number: (618) 327-3064
Fax Number: (618) 327-3083

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	119,775	4	$ 3,332	$	32,739	$ 911	1
2	6	Maintenance	Patient Days	119,775	4	93,082	76,221	32,739	25,443	2
3	17	Administrative	Patient Days	119,775	4	396,462	390,444	32,739	108,368	3
4	19	Professional Fees	Patient Days	119,775	4	28,564		32,739	7,808	4
5	20	Dues, Fees, & Subscriptions	Patient Days	119,775	4	423		32,739	116	5
6	21	Clerical and Office Expense	Patient Days	119,775	4	147,133	129,122	32,739	40,217	6
7	22	Employee Benefits	Patient Days	119,775	4	61,240		32,739	16,739	7
8	25	Other Admin. Staff Transport	Patient Days	119,775	4	9,447		32,739	2,582	8
9	26	Insurance	Patient Days	119,775	4	8,135		32,739	2,224	9
10	30	Depreciation-Vehicles	Patient Days	119,775	4	13,420		32,739	3,668	10
11	30	Depreciation-Other	Patient Days	119,775	4	13,920		32,739	3,805	11
12	30	Depreciation-Copier	Direct Cost	1	1	679		1	679	12
13	33	Property Taxes	Patient Days	119,775	4	2,771		32,739	757	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 778,608	$ 595,787		$ 213,317	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	Schedule Not Applicable						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Mount Vernon Countryside Manor **#** 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$ 108,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 101,790	2
3. Under or (over) accrual (line 2 minus line 1).	$ (6,210)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 103,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 96,790	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	67,371	8
	2001	75,381	9
	2002	83,678	10
	2003	102,884	11
	2004	101,790	12

Line 2: Real estate taxes paid are for the 2004 tax year

Line 4: Accrual is based on 2004 taxes paid

Line 7: $96,790 Real estate tax expense

757 Home office allocation

$97,547 Total real estate tax

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mount Vernon Countryside Manor COUNTY Jefferson

FACILITY IDPH LICENSE NUMBER 0035998

CONTACT PERSON REGARDING THIS REPORT Linda Pappenhorst

TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	07-28-376-013	56-2-784-02	$	$
2.		LMC Plaza - Lots 1 thru 5	$ 135,624.80	$ 101,790.40
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 135,624.80	$ 101,790.40

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,000 B. General Construction Type: Exterior Brick Frame _____ Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Residential Living Center is a 50 unit, 36,000 square foot retirement center located on the property adjacent to Mount Vernon Countryside Manor

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1988	$ 95,254	1
2	Home office		1989 & 1995	1,719	2
3	TOTALS			$ 96,973	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	101		1990	1990	$ 2,725,128	$ 90,838	30	$ 90,838	$	$ 1,423,008	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Landscaping			1990	26,544		10			26,544	9
10	Parking Lot			1990	26,563		10			26,563	10
11	Door and Screen			1992	1,700		10			1,700	11
12	Vanity and Medicine Cabinet			1992	1,136		10			1,136	12
13	Garage			1993	7,238	482	15	482		5,991	13
14	Water Heater			1995	2,960	197	15	197		2,103	14
15	Smoke Detectors			1996	812	81	10	81		811	15
16	Air Conditioners - 2			1996	1,342		5			1,342	16
17	Multiflow Furnace/Condensing Unit			1996	1,541		5			1,541	17
18	Storage Building Roof			1996	5,100	510	10	510		4,930	18
19	Asphalt East Parking Lot			1996	2,373	237	10	237		2,253	19
20	Air Conditioners - 2			1996	1,549		5			1,549	20
21	Entry Control System			1996	1,133	113	10	113		1,133	21
22	Vinyl Floor Covering			1996	4,465	447	10	447		4,244	22
23	Fire Alarm System			1997	13,564	904	15	904		7,911	23
24	Furnace and Tempering Valve			1997	2,112	141	15	141		1,245	24
25	Air Conditioners - 2			1997	1,502	150	10	150		1,276	25
26	Water Heater			1998	3,273	218	15	218		1,745	26
27	Air Freshener System			1998	1,314	131	10	131		1,040	27
28	Air Freshener System			1998	1,300	130	10	130		964	28
29	Gazebo			1998	2,974	198	15	198		1,486	29
30	Water Heater			1999	3,414	228	15	228		1,500	30
31	Water Heater			1999	2,429	162	15	162		1,066	31
32	Carpet			2000	9,666	967	10	967		4,995	32
33	Flooring			2000	18,661	1,866	10	1,866		9,486	33
34	Concrete Pad for Gazebo			2000	4,303		15	287	287	1,602	34
35	Landscaping			2001	7,305	730	10	730		3,286	35
36	Electrical Repairs			2001	6,691	669	10	669		3,234	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Water Heater	2001	$ 2,745	$ 183	15	$ 183	$	$ 915	37
38	Cabinets	2001	28,181	1,409	20	1,409		6,810	38
39	Office Remodel	2002	5,319	355	15	355		1,212	39
40	Wall Brackets	2002	4,577	458	10	458		1,717	40
41	Shower Room Tile	2002	3,108	311	10	311		985	41
42	Air Conditioners - 8	2002	6,164	1,233	5	1,233		3,699	42
43	Air Conditioners - 7	2003	5,220	1,044	5	1,044		2,958	43
44	Telephone System	2003	9,538	954	10	954		2,226	44
45	Air Conditioners - 5	2003	4,683	937	5	937		2,733	45
46	Water Softener System	2003	6,199	516	12	516		1,506	46
47	HVAC Units - 9	2004	6,493	1,299	5	1,299		2,598	47
48	HVAC Units - 3	2004	2,164	433	5	433		830	48
49	HVAC Units - 10	2004	7,214	1,443	5	1,443		2,766	49
50	Wallcovering	2004	10,456	2,091	5	2,091		2,962	50
51	Doors and Kickplates	2004	5,262	351	15	351		614	51
52	Concrete Driveway	2004	4,257	284	15	284		379	52
53	Landscaping	2005	20,005	333	10	333		333	53
54	Lighting - 300 Hall Exit	2005	3,269	191	10	191		191	54
55	3 HVAC Units	2005	2,417	121	5	121		121	55
56									56
57	Home Office Parking Lot	1989	540		5			540	57
58	Home Office New Building	1995	26,795		25	1,071	1,071	10,897	58
59	Home Office Interior Finishes	1996	1,662		15	111	111	1,053	59
60	Home Office Carpet	1996	581		5			581	60
61	Home Office Cabinets	1996	920		20	46	46	437	61
62	Home Office Electrical	1996	318		15	21	21	202	62
63	Home Office Front Door	2002	437		10	44	44	142	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,056,616	$ 113,345		$ 114,925	$ 1,580	$ 1,595,091	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 159,357	$ 16,287	$ 19,300	$ 3,013	3-10 Yrs	$ 84,017	71
72	Current Year Purchases	3,337	22	144	122	10 Yrs	144	72
73	Fully Depreciated Assets	434,080					434,080	73
74								74
75	TOTALS	$ 596,774	$ 16,309	$ 19,444	$ 3,135		$ 518,241	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	2000 Chevy LS Van w/Lift	2001	$ 22,659	$ 1,183	$ 1,183	$	4	$ 20,512	76
77	Facility	2003 Ford Supreme Bus	2003	40,750	10,187	10,187		4	21,224	77
78	Facility	Utility Trailer	2004	1,867	467	467		10	739	78
79	Home Office Vehicles	Various	Various	15,219		3,805	3,805	4	10,643	79
80	TOTALS			$ 80,495	$ 11,837	$ 15,642	$ 3,805		$ 53,118	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,830,858	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 141,491	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 150,011	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,520	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,166,450	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Section Not Applicable	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section Not Applicable
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? N/A ☐ YES N/A ☐ NO
16. Rental Amount for movable equipment: $ ____ Description: ____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Section Not Applicable		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	
IN OTHER FACILITY	X
COMMUNITY COLLEGE	
HOURS PER CNA	40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	
IN OTHER FACILITY	X
HOURS PER CNA	80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$ 430	$	$ 430
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 430	$	$ 430
10	SUM OF line 9, col. 1 and 2 (e)	$ 430			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$ None

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	1
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	1

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a,3	hrs	$	14,461	$ 293,738	$	14,461	$ 293,738	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		6,943	153,544		6,943	153,544	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a,3	hrs		15,935	333,423		15,935	333,423	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescrpts				292,468		292,468	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Lab, X-Ray, Amb.	39,3				59,202			59,202	13
14	TOTAL			$	37,339	$ 839,907	$ 292,468	37,339	$ 1,132,375	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor **#** 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 500,604	$	1
2	Cash-Patient Deposits	3,839		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 6,371)	877,111		3
4	Supply Inventory (priced at cost)	9,181		4
5	Short-Term Investments			5
6	Prepaid Insurance	45,023		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	33,580		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,469,338	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	3,018,225		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	633,036		16
17	Accumulated Depreciation (book methods)	(2,115,269)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,535,992	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,005,330	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 287,481	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,839		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	177,241		30
31	Accrued Taxes Payable (excluding real estate taxes)	29,244		31
32	Accrued Real Estate Taxes(Sch.IX-B)	103,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 600,805	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 600,805	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,404,525	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,005,330	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,607,751	1	
2	Restatements (describe):		2	
3	**PY adjustments made after cost report was filed**	(1,004)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,606,747	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	645,358	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	(847,580)	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (202,222)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,404,525	24	*

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,175,303	1
2	Discounts and Allowances for all Levels	(1,032,402)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,142,901	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,109,116	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,109,116	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	300	13
14	Non-Patient Meals	87	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,532	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 43,919	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,036	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,036	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	10,232	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 10,232	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,307,204	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	726,253	31
32	Health Care	2,520,211	32
33	General Administration	764,133	33
	B. Capital Expense		
34	Ownership	244,281	34
	C. Ancillary Expense		
35	Special Cost Centers	351,670	35
36	Provider Participation Fee	55,298	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,661,846	40
41	**Income before Income Taxes (line 30 minus line 40)****	645,358	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 645,358	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** No **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,840	2,147	$ 51,757	$ 24.11	1
2	Assistant Director of Nursing	1,726	1,817	33,409	18.39	2
3	Registered Nurses	14,095	14,980	254,917	17.02	3
4	Licensed Practical Nurses	22,258	23,810	334,233	14.04	4
5	CNAs & Orderlies	86,289	85,362	813,488	9.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,597	3,673	30,070	8.19	10
11	Social Service Workers	5,698	6,165	65,691	10.66	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,204	17,194	141,469	8.23	15
16	Dishwashers					16
17	Maintenance Workers	3,825	4,091	49,981	12.22	17
18	Housekeepers	13,119	13,611	101,550	7.46	18
19	Laundry	10,086	10,633	73,198	6.88	19
20	Administrator	1,848	2,109	56,412	26.75	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,936	2,194	22,592	10.30	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,930	2,181	21,350	9.79	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	184,451	189,967	$ 2,050,117 *	$ 10.79	34

SEE ACCOUNTANTS' COMPILATION REPORT

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	135	$ 7,720	1,3	35
36	Medical Director	Contract	6,000	9.3	36
37	Medical Records Consultant	25	1,040	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,873	10,3	39
40	Physical Therapy Consultant	35	1,649	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	35	2,144	11,3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	230	$ 20,426		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ Section N/A		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Marla Howard	Administrator	0.00	$ 56,412
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 56,412

B. Administrative - Other

Description	Amount
Management Fees	$ 190,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 190,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
C.J. Schlosser & Company	Accounting	$ 10,190
Greensfelder, Hemker & Gale	Legal	12,412
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 22,602

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 113,571
Unemployment Compensation Insurance	43,382
FICA Taxes	153,101
Employee Health Insurance	37,675
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension Expense	1,658
Home Office Allocation	16,739
Employee Physicals	266
Employee Relations	310
Employee Parties	383
TOTAL (agree to Schedule V, line 22, col.8)	$ 367,085

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
Section Not Applicable		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 996
Advertising: Employee Recruitment	2,885
Health Care Worker Background Check	
(Indicate # of checks performed 11)	176
Subscriptions	280
Other Miscellaneous Dues & Licenses	1,096
Home Office Dues & Subscriptions	116
Promotional Advertising	3,483
Franchise Taxes	325
Resident Background Checks	1,000
Less: Public Relations Expense	( )
Non-allowable advertising	(3,483)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 6,874

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	645
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 645

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Schedule Not Applicable		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mount Vernon Countryside Manor # 0035998 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **0** Line **N/A**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **55,298**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **None**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **927**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **75%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

MOUNT VERNON COUNTRYSIDE MANOR
RECLASSIFICATIONS
12/31/05

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	2,395
EMPLOYEE BENEFITS & PAYROLL TAXE	22	383
ADMINISTRATIVE	17	(2,778)
TO RECLASS THE FOLLOWING EXPENSES		
RECORDED IN MISCELLANEOUS EXPENSE TO		
THE CORRECT LINES:		
LICENSES & FEES	$ 304	
FRANCHISE TAX	325	
SUBSCRIPTIONS	280	
DUES	310	
EMPLOYEE PARTIES	383	
BACKGROUND CHECKS	1,176	
TOTAL	2,778	
TRAVEL & SEMINAR	24	(100)
INSERVICE TRAINING & EDUCATION	23	100
TO RECLASS INSERVICE TRAINING TO THE CORRECT LINE		
NURSE AIDE TRAINING	13	(177)
INSERVICE TRAINING & EDUCATION	23	177
TO RECLASS INSERVICE TRAINING TO THE CORRECT LINE		

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/05

OTHER REVENUE:

BEAUTY SHOP INCOME	$ 50
TRANSPORTATION	840
MEAL INCOME	840
INSURANCE REIMBURSEMENT	6,248
INSURANCE PREMIUM REFUND	1,073
MISCELLANEOUS	64
FOOD REBATES	1,117
	$ 10,232

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE XV, LINE 9
12/31/05

OTHER ASSETS:

INVESTMENT IN LTC INSURANCE	$ 33,330
UTILITY DEPOSIT	250
	$ 33,580

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE XVII
12/31/05

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	$ 645,358
DEPRECIATION ADJUSTMENT	(21,315)
CONVERSION TO CASH BASIS ADJUSTMENTS	96,547
TAX NET INCOME	$ 720,590

MT. VERNON COUNTRYSIDE MANOR
IDPH ID #0035998
ATTACHMENT TO SCHEDULE V, LINE 25
12/31/05

OTHER ADMIN. STAFF TRANSPORTATION:

MILEAGE REIMBURSEMENT	$ 2,323
	$ 2,323

** ALL MILEAGE REIMBURSEMENTS ARE FOR TRAVEL VOUCHERS SUBMITTTED WHICH WERE LESS THAN $250.00 EACH.